

**STONE BRIDGE TRANSITIONAL CARE HOME
HAGERSTOWN, MARYLAND
DISCHARGE SUMMARY**

NAME: Travis James Mullis
RECORD # 39541 Z1
AGE: 16
ADMISSION DATE: 7/31/00
DISCHARGE DATE: 1/19/01

REASON FOR REFERRAL

Travis was placed at Stone Bridge Transitional Home through the Hartford County Department of Juvenile Justice. Prior to his arrival at Stone Bridge he was at the Cheltham Youth facility. He was also hospitalized at Sheppard Pratt Hospital in March 2000.

DIAGNOSIS

Axis I: Bipolar Disorder, NOS
Post Traumatic Disorder, chronic type
ADHD
Axis II: Deferred
Axis III: Irritable bowel syndrome, status post-surgical removal of large intestine as a newborn and history of seasonal allergies
Axis IV: Severe
Axis V: Current GAF = 40

PERFORMANCE IN THE PROGRAM

Travis demonstrated substantial progress while at Stone Bridge. Overall, he was respectful and cooperative. He consistently followed program rules and needed minimal redirection. He had continued to have intrusive sexual thoughts and apparently when his Seroquel was increased he seemed to have shown improvement with some of his intrusive thoughts. He maintained a consistent average on the highest level in our level system throughout his time here. Travis did well when given responsibility and was very receptive to positive feedback. Especially when given tasks with leadership role-playing, such as being an assistance at Stone Bridge School for computer programming and maintenance. He interacted well with the other residents, but at times, would get frustrated at some of his younger peers. He occasionally displayed poor frustration tolerance. Travis demonstrates difficulty having suitable interactions with adults or authority figures. At times, he can be disrespectful, oppositional and defiant particularly when limits are set and enforced.

SERVICES PROVIDED

Travis was provided with group therapy on a weekly basis as well as case management and crisis intervention services. Travis was also provided with psychiatric evaluation and consultation through Dr. Sunderland. When needed, he was given individual counseling services with the social worker. He also received medical and mental oversight services.

EDUCATION

Travis attended Stone Bridge Academy while he was here. Overall, he remained on task, only needing minimal redirection. He was very receptive to instruction and did not disrupt the milieu except at time when he took part in teasing younger children with movie horror stories. He received average grades and performed approximately on his grade level.

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LIFE SKILLS TRAINING

Travis attended and participated in life skills groups dealing with communication, daily coping skills and peer interactions. He was able to share, at times, very valuable insight in these areas.

NAME: Travis

RECORD # 39541 Z1

MEDICAL/DENTAL/MENTAL

Travis saw Dr. Khan for a psychiatric evaluation on January 12, 2001. He also was provided with medical/dental oversight when needed

At the time of discharge Travis was taking the following;

Seroquel 200mg PO BID

Depakote 500mg, PO BID

Multivitamin tab, PO QAM

Pepto-Bismal 30cc, PO Q 6 PRN

Ducosate Sodium cap, PO BID

SUBSTANCE ABUSE COUNSELING

Travis received substance abuse information while at Stone Bridge.

COMMUNICATION (visits, phone contacts, etc.)

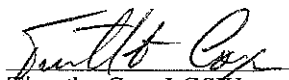
Travis had the opportunity for phone calls, on grounds visits, and off grounds passes while at Stone Bridge. He had regular telephone contact with his mother, DSS worker and occasional contact with friends.

CONDITION ON DISCHARGE

Travis was without suicidal or homicidal ideation at the time of his discharge.

DISCHARGE PLANS/RECOMMENDATIONS FOR CONTINUING SERVICE

Travis was discharged to the custody of Hartford Co. DJJ and placed in the Jefferson School.



Timothy Cox, LGSW

Director of Residential Services

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STONE BRIDGE TRANSITIONAL CARE FACILITY
Hagerstown, Maryland

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PSYCHIATRIC EVALUATION AND ADMISSION NOTE

Name: Travis Mullis
Date: July 31, 2000
MR#: 39541

INTRODUCTION: Date of Birth: [REDACTED]. SSN #: [REDACTED] The patient is a 13 year old caucasian male who was transferred from Cheltham Youth Facility in Cheltham, Maryland where he had been detained for one week through a referral from Hartford County Department of Juvenile Justice. Prior to his detention at Cheltham Youth Facility the patient had been psychiatrically hospitalized at Sheppard Pratt Hospital in Towson, Maryland for a three month period since his admission on 3/14/00.

CHIEF COMPLAINT & PRESENTING PROBLEM: On 2/13/00 it was determined that the patient had sexually molested his eight year old female cousin on 2/11/00 while both children were staying at their grandmother's house. When the patient was confronted by authorities about the molestation of his cousin, he became very emotionally upset and verbalized suicidal ideation with intent to kill himself. This resulted in his first psychiatric hospitalization at Sheppard Pratt Hospital where he remained for a one week period. The patient was discharged from Sheppard Pratt Hospital and returned to live with his adoptive mother, Mrs. Ann Marie Mullis. Over the following month the patient was re-hospitalized twice at Sheppard Pratt Hospital for continued emotional instability and progressive behavior problems. On 3/14/00 while staying at his grandmother's place of business the patient became angry and combative and ran away from the office and attempted to ignite a gasoline drum. Failing to do so he returned to his grandmother's office and attempted to assault her with a steel pipe and tried to strangle her with his hand. He then locked himself in the restroom at the office and attempted to tie his t-shirt around his neck verbalizing his intent to strangle himself and die. This resulted in his 4th and final psychiatric hospitalization at Sheppard Pratt where he remained from 3/14/00 until his discharge on 7/24/00. At the time of his discharge from Sheppard Pratt Hospital he was taking Seroquel 200mg. twice daily and Depakote 500mg. twice daily. On 7/24/00 he was discharged to the custody of Hartford County Department of Juvenile Justice, case manager Chris Dulik and temporarily placed at Cheltham Youth Facility awaiting placement within a therapeutic setting. While at Sheppard Pratt the patient underwent a forensic evaluation by John Lion, M.D. from the University of Maryland who recommended that the patient be strongly considered for therapeutic residential placement. This recommendation was supported by Terry Pritt, M.D., attending psychiatrist at Sheppard Pratt Hospital.

HISTORY OF PRESENT ILLNESS: The patient is a 13 year old caucasian male who was born at 36 weeks gestation to a morbidly obese mother who later died of health complications when the patient was nine months old. When the patient was 10 days old he underwent extensive surgery to remove his large intestine due to uncontrolled gastrointestinal bleeding. Over the following three months of his life, he underwent two additional

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operations. Documents suggest that the patient never experienced normal bonding to his mother due to his health problems that required extended weeks as an inpatient. Upon his mother's death the patient was placed in the custody of his maternal uncle and his wife. They later officially adopted the patient when he was three years of age. When the patient entered first grade at six years of age it was determined that he had been sexually molested by his adoptive father during the ages three through six. His adoptive father was convicted of sexual abuse of the child and was incarcerated for 18 months. Since the age of six the patient has remained in the custody of his adoptive mother until his removal in March, 2000. Upon his discharge from Sheppard Pratt Hospital on 7/24/00 the patient was diagnosed with Bipolar Type II Disorder, Post Traumatic Stress Disorder, Chronic type and ADHD, combined type. Over the past six months the patient has a lengthy history of progressive out of control behavior that is characterized by unpredictable and impulsive risk taking behavior, isolated episodes of violent aggression, profanity, school resistance and disruptive behavior in the classroom and destruction of property. Emotional problems in the past six months have been characterized by rapid and severe mood swings, problems controlling his anger, periods of anxiety as well as periods of depression. The patient reports that he has been burdened by intrusive sexual and aggressive thoughts that are often difficult to remove from his conscious mind. He describes a fascination with sexual and violent themes and enjoys watching R rated movies that have graphic violence and sexual content. The patient reports that upon his arrest for molesting his cousin, he became quite depressed and despondent. He reported that this lasted greater than two weeks and resulted in recurrent thoughts of wanting to kill himself. He described this period of depression as feeling very sad, angry and associated these feelings with impulsive and aggressive behaviors. The patient has a history of being very impulsive and having a difficult time tolerating delay in gratification or not having his immediate desires met. The patient reports an isolated episode of drinking alcohol in March, 2000 as well as experimental use of tobacco. The patient denies frequent use of alcohol, tobacco and denies past use of drugs. At the present time the patient reports a generally good mood and states that he is accepting of the possibility of being placed in residential treatment. Currently he reports good sleep and appetite habits.

PSYCHIATRIC HISTORY: The patient has had four prior psychiatric hospitalizations at Sheppard Pratt Hospital as stated above. The first, second and third hospitalizations were brief and limited to a one week period. The fourth hospitalization was an extended stay at Sheppard Hospital from 3/14/00 through 7/24/00. The patient was diagnosed with ADHD in grade school and has had a prior trial of Adderall. It is unclear whether or not the patient had received prior stimulant treatments prior to the use of Adderall. The patient was taken off Adderall during his extended hospitalization at Sheppard Pratt Hospital. The patient denies other prior psychotropic medications except for his current medications, Seroquel and Depakote. There is no history of cruelty to animals and firesetting other than his attempt to ignite the gasoline drum in March, 2000. The patient has a history of prior shoplifting of small items from the community package store. There is no history of prior overt or acute psychotic processes that included auditory hallucinations or paranoid delusions. The patient does report thought disordered symptoms such as intrusive thoughts that are inappropriate and sometimes bizarre. The patient denies any present or recent experiences of auditory or visual hallucinations. The patient described several isolated panic attacks that occurred in February, 2000 and March, 2000. The patient does not report or

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acknowledge any ritualistic or compulsive behaviors. There is no history of eating disorder symptoms.

MEDICAL HISTORY: At 10 days of age the patient underwent extensive surgery that resulted in the removal his large intestine due to uncontrollable gastrointestinal bleeding. The patient required several additional surgeries to complete the original operation. The patient was circumcised at 17 months of age. The patient has been diagnosed with irritable bowel syndrome over the past year. The patient is reportedly not allergic to any medications or drugs. The most recent Depakote level was on 7/7/00 at 131.4 which was above the therapeutic level and thus resulted in a reduction of Depakote. General blood chemistries including comprehensive metabolic panel and CBC were reported to be within normal limits. Thyroid stimulating hormone was 1.2. Current medications Seroquel 200mg. b.i.d. and Depakote 500mg. b.i.d.

Developmental History: The patient was born at 36 weeks gestation to a mother who was morbidly obese weighing greater than 400 lbs. The patient's mother suffered from gestational diabetes which resulted in an increased birth weight. The exact birth weight is unknown. At day 10 the patient underwent extensive abdominal surgery. Reportedly the patient was slow to talk and achieved bowel and bladder control at four years of age. Reportedly the patient has average to above average intelligence and has not demonstrated any significant academic or educational problems. The patient attended Hickory Elementary School in Hartford County. 2nd through 5th grade he attended Abingdon Elementary School. The patient attended 6th grade at Bel Air Middle School. The patient transferred to Edgewood Middle School where he completed the 7th grade while at Sheppard Hospital.

SOCIAL HISTORY: As reported above, the patient's mother died from health complications when the patient was nine months old. He was placed with his maternal uncle Gary Lynn Mullis and his wife Anne Marie Mullis. The patient was officially adopted by Mr. and Mrs. Mullis at the age of three. At six years of age it was determined that the patient had been sexually molested by Mr. Mullis. This resulted in the incarceration of Mr. Mullis for an 18 month period. Mr. Mullis presently lives in Greensboro, North Carolina and is 47 years of age. The patient reports that he continues to have infrequent phone conversations with his adoptive father and is able to talk to his father about past sexual abuse. The patient remained with his adoptive mother Mrs. Mullis after his father was incarcerated and lived with her until his removal from the family in March, 2000. Mrs. Mullis is a nurse at Good Samaritan Hospital in Baltimore, MD and is 44 years of age. The patient does not have any biological brothers or sisters. The patient reports isolated experimental use of alcohol in March, 2000 as well as isolated use of tobacco. He denies any extensive use of alcohol, tobacco or drugs.

ADMISSION MENTAL STATUS: The patient presented in an affable and cooperative fashion. He was casually dressed in a t-shirt and jeans. He demonstrated generally good hygiene and very short cut hair. His speech was nonpressured and coherent. He exhibited good direct eye contact throughout the interview. Throughout the 30 minute interview he remained in his chair but exhibited physical overactivity with constant repositioning of his body. He attended generally well to the interview process and did not appear overly distracted by noises outside the interview room. He described his mood as being "pretty good" and denied

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feeling overly worried, sad or angry. His affect was mild to moderately expansive. His overall range of expression was considered congruent to his stated mood. Stream of thought was logical and goal directed with mild evidence of flight of ideas but there was no looseness of associations. There was no evidence of psychotic processes or delusional thinking. He did not appear overly paranoid or suspicious. He was somewhat guarded in his responses when specifically talking about the molestation of his eight year old cousin but gave relatively good descriptive information when requested. He denied hearing voices or having any thoughts within himself that he was not able to control or identify as his own. He denied suicidal or homicidal ideation. Cognitively he was oriented to person, place, time and situation. His cognitive skills were judged to be grossly intact. He was assessed to be within the average to above average range of intelligence as judged per dialogue conversation and language skills.

ADMISSION DIAGNOSIS:	Axis I:	Bipolar Disorder, NOS PTSD, chronic type ADHD, combined type
	Axis II:	Deferred
	Axis III:	Irritable bowel syndrome, status post surgical removal of large intestine as new born and history of seasonal allergies
	Axis IV:	Psychosocial stresses are severe
	Axis V:	Current GAF=40

IMPRESSION: The patient is a 13 year old caucasian male who experienced the death of his biological mother at nine months of age as well as extended hospital stay as a new born infant. The patient was sexually molested by his adoptive father from three to six years of age. The patient has a significant vulnerability to maladaptive coping skills that when coupled with an impulsive style of thinking and poor ability to control impulses leads to poor self control and self regulation. He reports a fascination with sexual and violent thoughts and acknowledges experiencing intrusive thoughts that have sexual and aggressive themes. The patient demonstrates an over sensitivity to rejection and abandonment that manifests itself internally as anxiety and depression and externally as anger and poor self control. The patient has a history that is consistent with classic PTSD, chronic type, as a result of childhood experiences of abuse, abandonment, neglect and detachment from caregivers. The patient is clearly hyper sensitive to emotional flooding, anxiety, low self esteem, poor self image, depression and poor social relatedness. Due to the extensive emotional and behavioral problems that often included serious at risk and unpredictable behavior the patient carries a guarded prognosis at the present time.

PLAN:

1. Admit to Stone Bridge Transitional Care Facility and integrate into all therapeutic services.
2. Conduct a formal psychosocial assessment.
3. Continue psychiatric assessment.

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4. Continue current medications without change.
5. Over time formulate an appropriate discharge disposition with the involvement of Hartford County Department of Juvenile Justice and patient's adoptive mother Anne Marie Mullis. It has been recommended by Sheppard Pratt Hospital and supported by a consultant psychiatrist that the patient be considered for residential treatment center placement with later reunification with his adoptive mother.



Brent Sunderland, M.D.

BS/tgf

8/1/00

8/2/00

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STONE BRIDGE TRANSITIONAL CARE FACILITY

Hagerstown, Maryland

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PSYCHIATRIC EVALUATION UPDATE

Name: Travis Mullis

Date: January 12, 2001

Date of Birth: [REDACTED]

Date of Admission: 7/31/00

MR#: 39541

INTRODUCTION: The patient is a 13 year old male who has been at Stone Bridge since July, 2000 where he was referred from Hartford County Department of Juvenile Justice. Prior to his arrival at Stone Bridge he was at the Cheltham Youth facility. He was also hospitalized at Sheppard Pratt Hospital in March, 2000.

CHIEF COMPLAINT & PRESENTING PROBLEM: The patient was involved in an incident where he sexually molested his eight year old cousin in February, 2000 while staying at his grandmother's home. When it was discovered the patient became very irate, angry and wanted to kill himself following which he was hospitalized at Sheppard Pratt hospital. The patient was hospitalized at Sheppard Pratt on two occasions for behavior problems and in March, 2000 he was involved in an incident where he became angry and attempted to ignite a gasoline drum. He also assaulted his grandmother and locked himself in the restroom and tied a t-shirt around his neck trying to strangle himself which resulted in his fourth hospitalization at Sheppard Pratt.

HISTORY OF PRESENT ILLNESS: The patient had a very unstable early childhood. He as mentioned above was adopted at the age of three years and his adopted father was convicted of sexually molesting him. He was admitted to Sheppard Pratt hospital on four occasions and following his discharge on 7/24/00 he was admitted at Stone Bridge. While he was at Sheppard Pratt he had a forensic evaluation done by Dr. John Lyon, M.D. who recommended that patient be placed in a secure residential facility. That was supported by Dr. Terry Pritt, his attending psychiatrist at Sheppard Pratt. The patient's behaviors include unpredictable, impulsive risk taking behaviors, aggressiveness, disruptive behaviors, violence, destruction of property, inability to control his anger, intermittent periods of depression and very intrusive sexual talk and fantasies. He has been preoccupied with these thoughts and fantasies and apparently during his stay at Stone Bridge he reports that most of those fantasies and thoughts have improved significantly. He has not had any thoughts of hurting himself while he has been here.

PSYCHIATRIC HISTORY: As mentioned above the patient had four hospitalizations and was treated Adderall, Seroquel and Depakote while he was there. The patient has continued to have sexualized fantasies and apparently has had problems with his ability to control his aggression.

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 Travis Mullis #3954

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MEDICAL HISTORY: The patient has had extensive surgery done where his large intestine was removed due to an uncontrollable gastrointestinal bleeding. The patient has been diagnosed with irritable bowel syndrome. His current medications include: Depakote 500mg. qhs. and 250mg. q a.m., Seroquel 200mg. po 2X day, and multi-vitamin tablet 1 q.d., Pepto Bismol 30cc. q 6 hours prn and Ducosate Sodium 1 capsule po b.i.d.

INTERVAL PROGRESS: The patient has shown some improvement in his overall behavior here. He has had good days and bad days. He had continued to have intrusive sexual thoughts and apparently when his Seroquel was increased he seemed to have shown some improvement with some of his intrusive thoughts. He has had difficulty at times following directions. He has been socializing with his peers somewhat appropriately and at times he has been disrespectful towards staff. He has periods of being short tempered and needs redirection, sometime he can be very rude and annoying towards staff. There have been episodes of defiance, argumentative behaviors and refusal to follow directions and trying to scare some of the younger peers with talk of the devil and portraying Chuckie from the horror movies. He is however redirectable.

MENTAL STATUS EXAMINATION: The patient appears to be very cooperative young male who was dressed in pants and a shirt. He did not exhibit any signs of hyperactivity or fidgetiness and displayed good eye contact. He talked in normal rate and form. His speech was spontaneous. He described his mood as good and his affect was appropriate. He did not show any pressured speech, ideas of reference, thought insertion, thought withdrawal, thought echo. There was no evidence of paranoia or any delusional thinking. He also did not show any signs of suicidal or homicidal ideation. Cognitively he seems to be alert and oriented to time, place and person and intelligence is fairly above average.

DIAGNOSIS: Axis I: Bipolar Disorder, NOS
 Post Traumatic Disorder, chronic type
 Attention Deficit Hyperactivity Disorder
Axis II: Deferred
Axis III: Irritable bowel syndrome, status post surgical removal of large intestine as a newborn and history of seasonal allergies
Axis IV: Severe
Axis V: GAF=40

PLAN:

1. The patient has done fairly well here at Stone Bridge and he is scheduled to be admitted to the sex offenders unit at Jefferson School next week. He seems to be pretty excited about that and looking forward to his admission there.
2. We will continue to maintain his treatment here and keep him on the same medication regimen, what he is taking right now.

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Travis Mullis #39541

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3. We will continue to further assess him during his stay here and continue to encourage and support him.


Aurangzeb Khan, M.D.

AK/tgf
1/15/01
1/15/01

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Stone Bridge Transitional Care Program Social Assessment

Name: Travis Mullis

Record No: 39541

DOB: [REDACTED]

Age: 13

Date: 01/02/01

UPDATED FROM 8/14/00

PRESENTING PROBLEM: (Reasons for admission, level of functioning):

Harford County Department of Juvenile Justice placed Travis at Stone Bridge Transitional Care Home as part of his continuum of care. Travis is a thirteen-year-old Caucasian male with a history of unpredictable and out of control behaviors. Over the past six months, these behaviors have progressed and are characterized by impulsive risk taking, isolated episodes of aggression, disruptive behaviors in the classroom, and destruction of property. In February of 2000 Harford County Department of Juvenile Justice became involved with Travis due to allegations of sexually molesting his younger cousin. In the past six months, Travis has expressed suicidal thoughts, and had suicidal gestures. Travis most recently has been aggressive towards his grandmother, at one point attempting to strangle her with his hands and tying a shirt around his neck. He has a past history of suicidal ideation and unpredictable behaviors. He presents with poor impulse control, poor coping skills, and poor self-control. He is in need of monitoring on a 24 hours basis in a therapeutic placement. He needs to develop appropriate coping skills as well insight and judgement. As indicated upon admission, there is a need for Travis to learn to self-monitor his behaviors in order to deal more effectively with his environment.

PAST PSYCHIATRIC/RESIDENTIAL HISTORY:

The following is a breakdown of inpatient hospitalizations for Travis:

Sheppard Pratt Hospital -- February 2000 (3x), March 2000 (1x)

Travis' last hospitalization at Sheppard Pratt was an extended stay from March 14, 2000 to July 24, 2000. At the time of his discharge, he was placed at Cheltham Youth Facility while awaiting residential placement.

HOME ENVIRONMENT

Travis was sexually molested by his adopted father from ages three to six. Travis remained with his adoptive mother from the age of six up until he was removed from the home in March 2000. Over the last six months, Travis' behaviors have become progressively aggressive and out of control. He was resistant to attending school, and when in school his behavior was disruptive in the classroom setting. His mother reports rapid mood swings, problems controlling his anger, and periods of anxiety and depression. Prior to his March 2000 admission to Sheppard Pratt, Travis had an isolated incident of physical aggression towards his grandmother. He became combative at her workplace, and ran away attempting to light a gasoline drum on fire. He returned to her office and attempted to strangle her. He then locked himself into a bathroom and attempted to tie a shirt around his neck. Travis has Department of Juvenile Justice involvement due to a one time incident of sexual molestation of his younger 8 year old cousin. He does report that he has an overall good relationship with his adopted mother.

DEVELOPMENTAL HISTORY:

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Travis was born to a mother who was morbidly obese. His mother suffered from gestational diabetes, which caused Travis to have an increased birth weight. However, the birth weight was not available. At 10 days of age, Travis underwent extensive abdominal surgery to remove his

SOCIAL ASSESSMENT

Name: Travis Mullis

Record Number: 39541

large intestines. Travis required additional surgeries to complete the original operation. It is reported that Travis was slow to talk and was toilet trained at 4 years of age. Travis has not demonstrated any academic or educational problems. It has been reported that Travis has average to above average intelligence.

FAMILY HISTORY:

Travis was born to a mother who was morbidly obese. His mother past away when he was nine months old. A bond was never allowed to form between Travis and his biological mother due to his health complications at birth, as well as her health complications. Travis was placed with his maternal uncle and his wife at that time. At the age of three, Travis was officially adopted by his uncle Gary Mullis, and his wife Anne Marie Mullis. It was discovered when Travis entered school at the age of six, that he had been sexually abused by his adoptive father from the age of three up to the age of six. Mr. Mullis was incarcerated for 18 months, and subsequently moved to North Carolina. Travis states that he has minimal contact with his adoptive father, but is able to talk with his father about the molestation. Travis remained with his adoptive mother, Anne Marie Mullis up until March 2000. Travis does not have any biological brothers or sisters. Information regarding his biological mother's family is not available. Travis does not know his biological father, who walked out on his biological mother before Travis was born. Anne Marie Mullis is an OR nurse at Good Samaritan Hospital.

LEGAL CUSTODY STATUS/AGENCY INVOLVEMENT:

Travis is in the care of Harford County Department of Juvenile Justice. His mother holds joint custody as well as medical custody.

RELATIONSHIPS (Adult/peer):

In the past, Travis has had difficulties maintaining friendships. He is easily frustrated by interpersonal activities. While at Stonebridge his interactions with peers have not been physically aggressive or confrontational. For the most part, Travis is respectful towards staff and cooperative. His interactions with staff are positive, and gets along fairly well with staff. He is easily redirectable. He often tries to help out with his younger peers. He has a difficult time bonding with peers his own age.

HISTORY OF ABUSE (Physical, sexual, emotional):

Travis was sexually abused by his adoptive father between the ages of three and six.

HISTORY OF VIOLENCE OR ASSAULTIVE BEHAVIOR:

Travis currently has DJJ involvement due to sexual molestation of his younger cousin. He has become assaultive towards his grandmother on one occasion. Travis became combative and was physically aggressive towards her (i.e. attempted to choke her with his hands) and became aggressive towards himself (i.e. attempting to tie a shirt around his neck).

DRUG/ALCOHOL USAGE:

Travis reports isolated experimentation with alcohol and tobacco in March 2000. He denies extensive use of drugs or alcohol.

SOCIAL ASSESSMENT

Name: Travis Mullis

Record No: 39541

FINANCIAL STATUS:

Travis is in the custody of the Department of Juvenile Justice and is receiving funding through Harford County.

VOCATIONAL/EDUCATIONAL HISTORY:

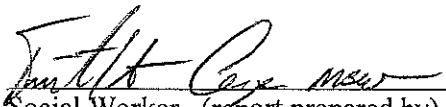
Travis is in the 7th grade. He has a history of resistance to attend school. In the classroom setting, his behaviors were disruptive and unmanageable. He is reported to be of average to above average intelligence.

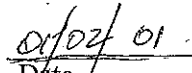
Strengths, Needs, Activities:

Travis is a very likeable kid and can be cooperative. He enjoys activities similar to children his age and displays an ability to interact with them in a civil manner. He will need to develop appropriate coping skills as well as increase his frustration tolerance.

Discharge/Aftercare Plans:

It is recommended that Travis be placed in a structured environment that will set guidelines for him to follow. He will need to continue to develop appropriate coping skills, as well as decrease impulsivity. He should continue with psychiatric intervention in the form of individual and group therapy as well as medication monitoring.


Social Worker (report prepared by)


Date

Reviewer

Date

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Stone Bridge Transitional Care Program Social Assessment

Name: Travis Mullis

Record No: 39541

DOB: [REDACTED] 6

Age: 13

Date: 08/14/00

PRESENTING PROBLEM: (Reasons for admission, level of functioning):

Harford County Department of Juvenile Justice placed Travis at Stone Bridge Transitional Care Home as part of his continuum of care. Travis is a thirteen-year-old Caucasian male with a history of unpredictable and out of control behaviors. Over the past six months, these behaviors have progressed and are characterized by impulsive risk taking, isolated episodes of aggression, disruptive behaviors in the classroom, and destruction of property. In February of 2000 Harford County Department of Juvenile Justice became involved with Travis due to allegations of sexually molesting his younger cousin. In the past six months, Travis has expressed suicidal thoughts, and had suicidal gestures. Travis most recently has been aggressive towards his grandmother, at one point attempting to strangle her with his hands and tying a shirt around his neck. He has a past history of suicidal ideation and unpredictable behaviors. He presents with poor impulse control, poor coping skills, and poor self-control. He is in need of monitoring on a 24 hours basis in a therapeutic placement. He needs to develop appropriate coping skills as well insight and judgement. As indicated upon admission, there is a need for Travis to learn to self-monitor his behaviors in order to deal more effectively with his environment.

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DEVELOPMENTAL HISTORY:

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SOCIAL ASSESSMENT

Name: Travis Mullis

Record Number: 39541

large intestines. Travis required additional surgeries to complete the original operation. It is reported that Travis was slow to talk and was toilet trained at 4 years of age. Travis has not demonstrated any academic or educational problems. It has been reported that Travis has average to above average intelligence.

FAMILY HISTORY:

Travis was born to a mother who was morbidly obese. His mother past away when he was nine months old. A bond was never allowed to form between Travis and his biological mother due to his health complications at birth, as well as her health complications. Travis was placed with his maternal uncle and his wife at that time. At the age of three, Travis was officially adopted by his uncle Gary Mullis, and his wife Anne Marie Mullis. It was discovered when Travis entered school at the age of six, that he had been sexually abused by his adoptive father from the age of three up to the age of six. Mr. Mullis was incarcerated for 18 months, and subsequently moved to North Carolina. Travis states that he has minimal contact with his adoptive father, but is able to talk with his father about the molestation. Travis remained with his adoptive mother, Anne Marie Mullis up until March 2000. Travis does not have any biological brothers or sisters. Information regarding his biological mother's family is not available. Travis does not know his biological father, who walked out on his biological mother before Travis was born. Anne Marie Mullis is an OR nurse at Good Samaritan Hospital.

LEGAL CUSTODY STATUS/AGENCY INVOLVEMENT:

Travis is in the care of Harford County Department of Juvenile Justice. His mother holds joint custody as well as medical custody.

RELATIONSHIPS (Adult/peer):

In the past, Travis has had difficulties maintaining friendships. He is easily frustrated by interpersonal activities. While at Stonebridge his interactions with peers have not been physically aggressive or confrontational. For the most part, Travis is respectful towards staff and cooperative. His interactions with staff are positive, and gets along fairly well with staff. He is easily redirectable. He often tries to help out with his younger peers. He has a difficult time bonding with peers his own age.

HISTORY OF ABUSE (Physical, sexual, emotional):

Travis was sexually abused by his adoptive father between the ages of three and six.

HISTORY OF VIOLENCE OR ASSUALTIVE BEHAVIOR:

Travis currently has DJJ involvement due to sexual molestation of his younger cousin. He has become assualtive towards his grandmother on one occasion. Travis became combative and was physically aggressive towards her (i.e. attempted to choke her with his hands) and became aggressive towards himself (i.e. attempting to tie a shirt around his neck).

DRUG/ALCOHOL USAGE:

Travis reports isolated experimentation with alcohol and tobacco in March 2000. He denies extensive use of drugs or alcohol.

000015

SOCIAL ASSESSMENT

Name: Travis Mullis

Record No: 39541

FINANCIAL STATUS:

Travis is in the custody of the Department of Juvenile Justice and is receiving funding through Harford County.

VOCATIONAL/EDUCATIONAL HISTORY:

Travis is in the 7th grade. He has a history of resistance to attend school. In the classroom setting, his behaviors were disruptive and unmanageable. He is reported to be of average to above average intelligence.

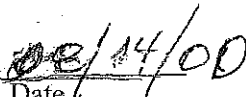
Strengths, Needs, Activities:

Travis is a very likeable kid and can be cooperative. He enjoys activities similar to children his age and displays an ability to interact with them in a civil manner. He will need to develop appropriate coping skills as well as increase his frustration tolerance.

Discharge/Aftercare Plans:

It is recommended that Travis be placed in a structured environment that will set guidelines for him to follow. He will need to continue to develop appropriate coping skills, as well as decrease impulsivity. He should continue with psychiatric intervention in the form of individual and group therapy as well as medication monitoring.


Social Worker (report prepared by)


Date

Reviewer

Date

000016

Stone Bridge Transitional Care Home
NURSING ASSESSMENT

Resident Name: Travis Mullis Record No.: _____ Age: 13

ADMISSION INFORMATION

Date of Admission: 7-31-00 Time of Admission: 5 AM ☒ PM

Information obtained from: Resident _____ Other (identify) _____

Patient's Primary Language (If other than English): _____

Emergency Contact: Chris Dulik DJT Phone: (410) 836-4689

Case Manager: _____ Phone: _____

ALLERGIES NKA: ✓

(Drugs, Food, Environmental: note reactions)

PHYSICAL ASSESSMENT

Temperature: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Length and Color: _____

EMOTIONAL ASSESSMENT

circle all that apply:

tearful	sobbing	labile	inappropriate smiling
quiet	vague	evasive	hesitant
guarded	hyper vigilant	hostile	demanding
hallucinating	delusional	poor historian	disoriented
uncooperative	loud pressured speech	flight of ideas	tangential
circumstantial	flat	withdrawn	restless
slurred speech	appears intoxicated	appears sedated	passive
soft speech	anxious	loose	mute
fearful	suspicious	hyperactive	cooperative

Give a brief description of any hallucinations or delusional material

000017

2

RISK ASSESSMENT

The following areas have been identified as potential risks for this resident.

Suicidal <u>YES</u>	Violent Behavior <u>YES</u>	Elopement <u>YES</u>	Substance Abuse <u>YES</u> ^{only} NO
Able to contract?			
YES NO	YES NO	YES NO	YES NO
<u>passive death wish</u>	<u>self-abusive</u>	<u>history of running</u> <u>once</u>	<u>alcohol use</u> <u>once</u>
<u>without a plan</u>	<u>periods of rage</u>	<u>elopement plan</u>	<u>drug use</u>
<u>with a plan</u>	<u>violence towards objects</u>		<u>alcohol or drug</u>
<u>gesture</u>	<u>violence towards people</u>		<u>use in last 24 hrs.</u>
<u>attempt</u>	<u>homicidal thoughts</u>		
	<u>homicidal actions</u>		

MEDICAL HISTORY

Check all that apply:

<u>severe headaches/migraines</u>	
<u>seizure disorder</u>	
<u>hx of head injury</u>	
<u>diabetes</u>	
<u>Hypoglycemia</u>	
<u>hx of jaundice</u>	
<u>hx of hepatitis</u>	
<u>hx of tuberculosis</u>	
<u>hx of fractures</u>	
<u>skin conditions</u>	
<u>amputation</u>	
<u>hearing impairment</u>	<u>occ. ear infections</u>
<u>visual impairment</u>	<u>glasses for distance</u>
<u>significant injuries</u>	<u>Hx of ① arm, shoulder, collar bone broken in past</u>
<u>hx of surgeries</u>	<u>10 yrs old 10 days old large intestines removed.</u>

RESPIRATORY PROBLEMS:

asthma exercise induced
frequent URI
cystic fibrosis
other

CARDIAC PROBLEMS;

hypertension
history of CVA
low blood pressure
heart murmur
other cardiac problems

none noted

000018

3

GASTRO-INTESTINAL TRACT PROBLEMS:

- ☒ History of ulcers
☒ nausea, vomiting
☒ diarrhea
☒ constipation
☒ encopresis
☒ anorexia
☒ bulimia
☐ other:
☐ Weight change recently

Hx of bleeding from GI tract and was diagnosed to irritable bowel syndrome

GENITO-URINARY TRACT:

- ☒ enuresis
☒ incontinence
☒ STD
☒ HIV Positive/.AIDS
☒ kidney problems
☒ frequent UTI
☒ other:
☐ Special diet/dietary restrictions

CURRENT MEDICATIONS (include nonprescription drugs)

NONE:

Medication	Amt	Freq	Medication	Amt	Freq
Seroquel	200mg	Bid			
Depakote	500mg	Bid			

Medications were: ☒ Not brought to home ☐ Secured in Med room

IMMUNIZATIONS STATUS

- DPT ☒ Current ☐ Unknown
 Oral Polio ☒ Current ☐ Unknown
 MMR ☒ Current ☐ Unknown
 PPD ☒ Current ☐ Unknown
 Tetanus ☒ Current ☐ Unknown
 Diphtheria ☒ Current ☐ Unknown
 Information obtained from: records

SEXUAL ACTIVITY

Are you sexually active: ☒ Yes ☐ No

see records

000019

NUTRITIONAL ASSESSMENT

Do you have any of the following? Points

☐ Diabetes ☐ Eating Disorder ☐ HIV ☐ Malnutrition ☐ Pregnant (2 pts. per dx) 0

Special Diet/Nutritional Needs: _____ (2 pts. if Y) 0

Appetite: ☒ Normal ☐ Decreased ☐ Increased (1 pt. if decreased) 0

Weight change: ☐ Gain of _____ lbs. ☐ Loss of _____ lbs. 0
 Time frame: _____ (1 pt. for loss of 10 or more lbs/month)

Difficulty with: ☐ Chewing ☐ Swallowing ☐ Following prescribed diet
 (1 pt. for each Y) 0

Recommend Dietary Consult if two or more points.
☒ Consult Not Needed ☐ Consult Ordered: _____
Date/Initials

If consult needed, complete regular consult sheet and call information to X250.

Other Food-related Issues

Describe

Food Dislikes /

Food Allergies/Intolerances /

Religious/Ethnic/Cultural /

If positive, phone information to X250

Currently on beta-blockers, lithium, penicillin or Tetracycline ☐ Yes ☒ No

If yes, which medication _____

If positive, phone information to X250

FAXED
 8-4-08

PATIENT NAME Travis Mullis HOSPITAL # Stenebridge Page 10

000021

Associated Printers, Inc.
 BALTIMORE, MARYLAND 21201

73659

Please Return By: **AUG 15 1991**

MARYLAND DEPT. OF HEALTH AND MENTAL HYGIENE
 DHMH 898, Rev. 4/88 Immunization Program

MARYLAND IMMUNIZATION CERTIFICATE

CHILD	NAME	<u>Mullis</u>		<u>Travis</u>		<u>J</u>	
		LAST	FIRST	MI			
	SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	BIRTHDATE		<u>12</u>	<u>23</u>	<u>87</u>	
	COUNTY <u>Hartford</u>	SCHOOL <u>Hickory Elementary</u>		GRADE <u>K</u>			
PARENT OR GUARDIAN	NAME	<u>[REDACTED]</u>		PHONE NO.		<u>[REDACTED]</u>	
	ADDRESS	<u>[REDACTED]</u>		CITY		<u>[REDACTED]</u>	
RECORD OF IMMUNIZATION							
DOSE NUMBER	VACCINE TYPE						
	DTP MO/DAY/YR	DT (PED) MO/DAY/YR	Td (ADULT) MO/DAY/YR	POLIO MO/DAY/YR	MEASLES* MO/DAY/YR	RUBELLA* MO/DAY/YR	MUMPS* MO/DAY/YR
1st DOSE	<u>12-12-86</u>			<u>12-12-86</u>	<u>12-23-87</u>	<u>12-23-87</u>	<u>12-23-87</u>
2nd DOSE	<u>7-10-87</u>			<u>7-10-87</u>	<u>MMR 9-10-87</u>	<u>MMR</u>	<u>MMR</u>
3rd DOSE	<u>8-21-87</u>			<u>8-21-88</u>	POSITIVE HA-TEST AND DATE MAY BE ENTERED IN LIEU OF VACCINATION		
4th DOSE	<u>3-11-88</u>				DATE: <u>H. 6/7/88</u>		
5th DOSE	<u>7/25/91</u>			<u>7/25/91</u>			
PHYSICIAN, HEALTH OFFICIAL, SCHOOL OFFICIAL, OR DAY CARE PROVIDER		I HEREBY CERTIFY THAT THIS CHILD HAS RECEIVED THE IMMUNIZATIONS LISTED ABOVE ON THE DATE(S) INDICATED.			Signed <u>[Signature]</u> (Parent signature not valid)		
					Title <u>[Signature]</u>		
					Date <u>7/25/91</u>		

Am Sandra McElwainy R

LOST OR DESTROYED RECORD: (Must Be Reviewed and Approved by Local Health Department.)

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable. To the best of my knowledge, the doses of DTP and TOPV listed above were administered on the dates indicated.

Signed _____ Date _____
 (Parent or Guardian)

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

The physical condition of the above pupil is such that immunization at this time would constitute a serious threat to his/her health.

This is a permanent condition ☐ temporary condition ☐ until _____
 Check appropriate box, indicate vaccine(s) and reasons below. MO/DAY/YR

Signed _____ Date _____
 Physician or Health Official

Post-It® Fax Note	7671	Date	8/1/00	# of pages	1
To	Sheryl Staffer		From	C. Dink	
Co./Dept.			Co.	DJJ	
Phone #			Phone #	836-4689	
Fax #	301-733-1073		Fax #		

use of my bona fide religious beliefs and practices, I object to any

_____ Date _____

000022

HAGERSTOWN MEDICAL LABORATORY, INC.

Nursing Home Program

330-332 Mill Street, Hagerstown, Maryland 21740

Phone: 301-766-7881 1-888-353-1LAB (1522)



Report to: STONEBRIDGE AT BROOKLANE

Director:

John G. Newby, MD, FCAP

Associate Directors:

Chris J. Dempsher, MD, FCAP

Edward Ewing, DO, FCAP

Gary M. Mire, MD, FCAP

Reported: 12/14/00 1200

Patient: MULLIS, TRAVIS JAMES

Med Rec # J480307 Acct: J0011370939

Client: STONEBRIDGE @ BROOKLANE

Client's Patient ID: 244495177

DOB: [REDACTED] Sex: M SSN [REDACTED]

Location:

Doctor: GONZALES, DAVID

Client's Specimen ID:

Copies to:

Specimen: 1214:C00289R

COMP

Collected: 12/14/00-0728

Received: 12/14/00-0823

Test

Result

Flag

Reference

*** THERAPEUTIC DRUG MONITORING ***

VALPROIC ACID

110.9

*H

50-100 UG/ML

No dosage information given.

** END OF REPORT **

000023

HAGERSTOWN MEDICAL LABORATORY, INC.
11110 Medical Campus Road, Suite 230, Hagerstown, Maryland 21742
Phone (301) 665-4LAB (4522) John G. Newby, MD, Medical Director

Patient: MULLIS, TRAVIS
Med Rec # J480307 Acct: J0010261246
DOB: [REDACTED] Sex: M
Responsible Doctor: SUNDERLAND, BRENT

Location: STONEBRIDGE AT BROOKLANE
Patient Home Phone:
Ph: 301-695-8390 Fax:

Specimen: 0802:100014R COMP Collected: 08/02/00-0652 Received: 08/02/00-0835

Test	Result	Flag	Reference
------	--------	------	-----------

*** IMMUNOLOGY ***

Normal Values are Negative or Nonreactive unless otherwise specified
RAPID PLASMA REAGIN (RPR)

NONREACT

** END OF REPORT **

000024

HAGERSTOWN MEDICAL LABORATORY, INC.
 11110 Medical Campus Road, Suite 230, Hagerstown, Maryland 21742
 Phone (301) 665-4LAB (4522) John G. Newby, MD, Medical Director

Patient: MULLIS, TRAVIS
 Med Rec # J480307 Acct: J0010261246
 DOB: [REDACTED] Sex: M
 Responsible Doctor: SUNDERLAND, BRENT

Location: STONEBRIDGE AT BROOKLANE
 Patient Home Phone:
 Ph: 301-695-8390 Fax:

Specimen: 0802:C00439R COMP Collected: 08/02/00-0652 Received: 08/02/00-0835

Test	Result	Flag	Reference
*** ROUTINE CHEMISTRY ***			
GLUCOSE	88		70-110 MG/DL
UREA NITROGEN (BUN)	11		7-18 MG/DL
CREATININE	0.7		0.6-1.3 MG/DL
SODIUM	143		136-145 MEQ/L
POTASSIUM	4.3		3.5-5.1 MEQ/L
CHLORIDE	108		98-111 MEQ/L
TOTAL CO2	27.3		23-32 MEQ/L
CALCIUM	9.6		8.8-10.5 MG/DL
TOTAL BILI	0.5		0.0-1.0 MG/DL
TOTAL PROTEIN	6.8		6.4-8.2 G/DL
ALBUMIN	3.7		3.4-5.0 G/DL
ALT (GPT)	34		30-65 IU/L
AST (GOT)	25		15-37 IU/L
ALKALINE PHOSPHATASE	467	H	50-136 IU/L
*** THERAPEUTIC DRUG MONITORING ***			
VALPROIC ACID	84.8		50-100 UG/ML
No dosage information given.			

WNL.

appropriate for growing adolescent.
 (bone formation/growth)

Jm

8/17/00

** END OF REPORT **

000025

HAGERSTOWN MEDICAL LABORATORY, INC.
 11110 Medical Campus Road, Suite 230, Hagerstown, Maryland 21742
 Phone (301) 665-41AB (4522) John G. Newby, MD, Medical Director

Patient: MULLIS, TRAVIS Location: STONEBRIDGE AT BROOKLANE
 Med Rec # J480307 Acct: J9010261246 Patient Home Phone:
 DOB: [REDACTED] Sex: M
 Responsible Doctor: SUNDERLAND, BRENT Ph: 301-695-8390 Fax:

Specimen: 0802:M00191R COMP Collected: 08/02/00-0652 Received: 08/02/00-0835

Test	Result	Flag	Reference
*** ROUTINE HEMATOLOGY ***			
WHITE BLOOD COUNT	4.6		4.0-9.7 K/CMM
RED BLOOD COUNT	4.35		3.9-5.6 M/CMM
HEMOGLOBIN	13.6		12.3-17.0 G/DL
HEMATOCRIT	38.2		36-49 %
MCV	87.8		80-96 FL
RBC DIST. WIDTH	13.8		11.8-15.1 %
PLATELET COUNT	206		148-384 K/CMM
LYMPHOCYTE (%)	61.7	H	14-43 %
MONOCYTE (%)	3.5		1-13 %
GRANULOCYTE (%)	31.8	L	48-79 %
EOSINOPHIL (%)	2.6		0-6 %
BASOPHIL (%)	0.4		0-2 %
LYMPHOCYTE COUNT	2.82		0.9-3.1 K/CMM
MONOCYTE COUNT	0.16		0-1.2 K/CMM
GRANULOCYTE COUNT	1.45	L	2.3-6.9 K/CMM
EOSINOPHIL COUNT	0.12		0-0.4 K/CMM
BASOPHIL COUNT	0.02		0-0.1 K/CMM

Jms 8/17/00

** END OF REPORT **

000026

EAGERSTOWN MEDICAL LABORATORY, INC.
 11110 Medical Campus Road, Suite 230, Eagerstown, Maryland 21742
 Phone (301) 665-4LAB (4522) John G. Newby, MD, Medical Director

Patient: MULLIS, TRAVIS JAMES Location: EMERGENCY
 Med Rec # H480307 Acct: H3042051304 Patient Home Phone: 301-733-0330
 DOB: [REDACTED] Sex: M
 Responsible Doctor: GILBERT, THOMAS Ph: 301-733-8318 Fax:

Specimen: 0829:H002585 Collected: 08/29/00-1228 Sub Dr: GILBERT, THOMAS

Ordered: CBC
 Comments: XTRA SST

TEST	Result	Flag	Reference
*** ROUTINE HEMATOLOGY ***			
WHITE BLOOD COUNT	5.0		4.0-9.7 K/CMM
RED BLOOD COUNT	4.37		3.9-5.6 M/CMM
HEMOGLOBIN	13.5		12.3-17.0 G/DL
HEMATOCRIT	38.1		36-49 %
MCV	87.2		80-96 FL
RBC DIST. WIDTH	12.8		11.8-15.1 %
PLATELET COUNT	192		148-384 K/CMM
LYMPHOCYTE (%)	59.6	H	14-43 %
MONOCYTE (%)	12.4		1-13 %
GRANULOCYTE (%)	25.2	L	48-79 %
EOSINOPHIL (%)	2.0		0-6 %
BASOPHIL (%)	0.8		0-2 %
LYMPHOCYTE COUNT	2.97		0.9-3.1 K/CMM
MONOCYTE COUNT	0.62		0-1.2 K/CMM
GRANULOCYTE COUNT	1.26	L	2.3-6.9 K/CMM
EOSINOPHIL COUNT	0.10		0-0.4 K/CMM
BASOPHIL COUNT	0.04		0-0.1 K/CMM

000027

HAGERSTOWN MEDICAL LABORATORY, INC.

Nursing Home Program

330-332 Mill Street, Hagerstown, Maryland 21740

Phone: 301-766-7881 1-888-353-1LAB (1522)

Director:

John G. Newby, MD, FCAP

Associate Directors:

Chris J. Dempsher, MD, FCAP

Edward Ewing, DO, FCAP

Gary M. Mire, MD, FCAP



Report to:

STONEBRIDGE AT BROOKLANE

Reported: 08/03/00 1201

Patient: MULLIS, TRAVIS

Med Rec # J480307 Acct: J0010261246

Client: STONEBRIDGE @ BROOKLANE

Client's Patient ID: 244495177

DOB: [REDACTED] Sex: M SSN: [REDACTED]

Location:

Doctor: SUNDERLAND, BRENT

Client's Specimen ID:

Copies to:

Specimen: 0802:C00439R COMP Collected: 08/02/00-0652 Received: 08/02/00-0835

Test	Result	Flag	Reference
*** ROUTINE HEMATOLOGY ***			
WHITE BLOOD COUNT	4.6		4.0-9.7 K/CMM
RED BLOOD COUNT	4.35		3.9-5.6 M/CMM
HEMOGLOBIN	13.6		12.3-17.0 G/DL
HEMATOCRIT	38.2		36-49 %
MCV	87.8		80-96 FL
RBC DIST. WIDTH	13.8		11.8-15.1 %
PLATELET COUNT	206		148-384 K/CMM
LYMPHOCYTE (%)	61.7	H	14-43 %
MONOCYTE (%)	3.5		1-13 %
GRANULOCYTE (%)	31.8	L	48-79 %
EOSINOPHIL (%)	2.6		0-6 %
BASOPHIL (%)	0.4		0-2 %
LYMPHOCYTE COUNT	2.82		0.9-3.1 K/CMM
MONOCYTE COUNT	0.16		0-1.2 K/CMM
GRANULOCYTE COUNT	1.45	L	2.3-6.9 K/CMM
EOSINOPHIL COUNT	0.12		0-0.4 K/CMM
BASOPHIL COUNT	0.02		0-0.1 K/CMM
*** ROUTINE CHEMISTRY ***			
GLUCOSE	88		70-110 MG/DL
UREA NITROGEN (BUN)	11		7-18 MG/DL
CREATININE	0.7		0.6-1.3 MG/DL
SODIUM	143		136-145 MEQ/L
POTASSIUM	4.3		3.5-5.1 MEQ/L
CHLORIDE	108		98-111 MEQ/L
TOTAL CO2	27.3		23-32 MEQ/L
CALCIUM	9.6		8.8-10.5 MG/DL
TOTAL BILI	0.5		0.0-1.0 MG/DL
TOTAL PROTEIN	6.8		6.4-8.2 G/DL
ALBUMIN	3.7		3.4-5.0 G/DL
ALT (GPT)	34		30-65 IU/L
AST (GOT)	25		15-37 IU/L
ALKALINE PHOSPHATASE	467	H	50-136 IU/L
*** THERAPEUTIC DRUG MONITORING ***			
VALPROIC ACID	84.8		50-100 UG/ML

No dosage information given.

** CONTINUED ON NEXT PAGE **

000028

HAGERSTOWN MEDICAL LABORATORY, INC.

Nursing Home Program

330-332 Mill Street, Hagerstown, Maryland 21740

Phone: 301-766-7881 1-888-353-1LAB (1522)

Director:

John G. Newby, MD, FCAP

Associate Directors:

Chris J. Dempsher, MD, FCAP

Edward Ewing, DO, FCAP

Gary M. Mire, MD, FCAP



Report to:

STONEBRIDGE AT BROOKLANE

Reported: 08/03/00 1201

Patient: MULLIS, TRAVIS

Copy For: 5011.00

(Continued from previous page)

Page 2

Specimen: 0802:C00439R

Collected: 08/02/00-0652

(Continued)

Test	Result	Flag	Reference
*** IMMUNOLOGY ***			
Normal Values are Negative or Nonreactive unless otherwise specified			
RAPID PLASMA REAGIN (RPR)	NONREACT		

** END OF REPORT **

000029



WASHINGTON COUNTY HEALTH SYSTEM, INC.

PATIENT TRIAGE

Patient Name: MULLIS, TRAVIS JAMES

Acct #: H3042051304 Previous Admit Date:

DOB: [REDACTED]

MR #: H480307 E.D.:

Age: 13

Date: 08/29/2000 POP:

Gender: M

Time: 1116

Location: EME

Check Medical History:

Home Phone #:

Complaint: RECTAL BLEEDING

EMERGENCY MEDICAL SCREENING EXAM REQUEST

I understand that I am entitled to and request an Emergency Screening Examination to determine the seriousness of my illness/injury.

Consent with chart
Signature Patient/Agent

Relationship

Witness

Date / Time

Consult	Time Called	Time Call Returned	DX ORDERS	TIME
			EKG	
			CBC	
			BMP / CMP	
			Amylase / Lipase	
			CEP	
			HCG	
			PT / PTT	
			INR	
			Type Screen / Cross	
			units	

DATE/TIME SEEN BY PHYSICIAN	TREATMENT ORDERS	TIME	RN/INITIALS
1202			
NOTES			
Bleeding X			
2 wks.			
PRN: [REDACTED]			
PRN: [REDACTED]			
meds. [REDACTED]			
ACT: [REDACTED]			

DIAGNOSIS:

Anal Fissure

RN SIGNATURE

RN SIGNATURE

RN SIGNATURE

Screening Outcome

Stable, Meets Prudent Layperson Criteria for Emergency

Stable, Does not Meet Prudent Layperson Criteria

Unstable

PA/PHYSICIAN SIGNATURE

PHYSICIAN SIGNATURE

PHYSICIAN SIGNATURE

CONDITION ON DISCHARGE: SATISFACTORY SERIOUS CRITICAL

DISPOSITION: HOME TRANSFER ADMIT F/U

DICTATED: Y / N

DICTATED: Y / N

DICTATED: Y / N

EXPIRED

IN HRS/DAYS AMA

NAME: MULLIS, TRAVIS JAMES

BIRTHDATE: 09/20/1986

AGE: 13

GENDER: M



1701

wpattn



H3042051304



H480307

000030

BROOK LANE HEALTH SERVICES, INC.
HAGERSTOWN, MARYLAND

PHYSICIANS' ORDERS

PATIENT'S NAME

HOSPITAL NUMBER

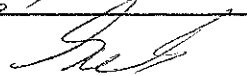
Trans Mullis

DATE

PHYSICIANS' ORDERS

12/12/00

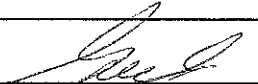
Valproic acid level dr: 158.69



Amoxicillin

12/14/00

- Dic Depakote

- Depakote 250 mg q AM and 500 mg
at HS- Valproic acid level on 12/21
dr: 158.69

000031

BROOK LANE HEALTH SERVICES, INC.
HAGERSTOWN, MARYLAND

PHYSICIANS' ORDERS

PATIENT'S NAME

Travis Mullis

HOSPITAL NUMBER

DATE

PHYSICIANS' ORDERS

8/1/00

- 1) Admit to Stone Bridge Transitional Home
Dr. Sunderland
- 2) Dx Bipolar D/O NOS, PTSD, ADHD
- 3) Condition = stable.
- 4) Prognosis = Guarded
- 5) Meds: (1) Seroquel 200mg po BID
(2) Depakote 500mg po BID
- 6) Labs: (1) Comprehensive metabolic panel
(2) CBC without diff
(3) RPR
(4) Valproic acid level - Am trough
- 7) Diet: regular
- 8) Activity: as tolerated.

noted
8-1-00
CB

[Signature]
 B, Sunderland MD

8/10/00 - Multi-vitamins po once daily

noted
8-10-00
CB

[Signature]

8/11/00 Repto-Bismol 30cc PO q 6^o PRN for GI-
 upset, Nausea, diarrhea.

W. Dr. Simplican / C. Deberer

000032

STONE BRIDGE TRANSITIONAL CARE HOME

MEDICATION LIST

ALLERGIES and ADVERSE REACTIONS

NAME Travis Mullis Environmental

RECORD # _____

PHYSICIAN Sunderland

[illegible]

000033

STONE BRIDGE TRANSITIONAL CARE HOME

INDIVIDUAL TREATMENT PLAN

Name: Travis Mullis

Record No: 39541

DOB: [REDACTED] **Age:** 14

Admission Date: 07/31/00

Tentative Discharge Date: 09/30/00

Diagnosis:

AXIS I: Bipolar Disorder, NOS
PTSD, chronic type
ADHD, combined type

AXIS II: Deferred

AXIS III: Irritable bowel syndrome, status post surgical removal of large intestine as new born and history of seasonal allergies.

AXIS IV: Severe psychosocial stresses

AXIS V: Current GAF= 40

Medications:

Seroquel 200 mg, PO BID
Depakote 500 mg, PO BID
Multivitamin tab, PO QAM
Pepto-Bismal 30cc, PO Q 6 PRN
Ducosate Sodium cap, PO BID

Level of Functioning (current behavior, symptoms):

Harford County Department of Juvenile Justice placed Travis at Stone Bridge Transitional Care Home as part of his continuum of care. Travis is a fourteen-year-old Caucasian male with a lengthy history of progressive out of control behavior characterized by unpredictable and impulsive risk-taking behavior, isolated episodes of violent aggression, profanity, school resistance and disruptive behavior in the classroom, and destruction of property. Behavior also includes emotional problems characterized by rapid mood swings, poor anger management, and periods of anxiety and depression that have included suicidal ideation. The resident reports that he has been burdened by intrusive sexual and aggressive thoughts that are often difficult to remove from his conscious mind. He describes having a fascination with sexual and violent themes and enjoys watching movies with graphic violent and sexual content. He presents with poor coping skills, poor frustration tolerance, poor anger management, poor impulse control, poor self-control, impulsive and disruptive behavior, verbal aggression, liable mood, and depressed mood. He needs to develop appropriate coping skills as well, and monitor his behaviors in order to deal more effectively with his environment. He needs to increase and improve upon his self-esteem, self-awareness, and social interactions. There is also a need for Travis to decrease his impulsive and attention seeking behaviors and increase his abilities to self-monitor his behaviors in order to deal more effectively with his environment.

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Name: Travis Mullis

Record No: 39541

Personal, Emotional, and Social Development (strengths, needs):

Travis was born at 36 weeks to a mother who was morbidly obese weighing greater than 400 lbs. The patient's mother suffered from gestational diabetes, which resulted in an increased birth weight. The exact birth weight is unknown. There were no documented reports of any complications or difficulties during pregnancy or birth. When 10 days-old, the resident underwent extensive abdominal surgery in which the large intestine was removed due to uncontrollable gastrointestinal bleeding. The resident required several additional surgeries to complete the original operation. Reportedly, the resident was slow to talk and achieved bowel and bladder control at four years of age. Reportedly the resident has average to above average intellectual abilities and has not demonstrated any significant academic or educational problems.. There is also no history of documented significant language or motor skill delays.

Description of family or significant others:

Travis's mother died when he was nine months old from health complications. A bond was never allowed to form between Travis and his mother due to his health complications at birth, as well as her health complications. He was placed with his maternal uncle, Gary Mullis, and his wife, Anne Marie Mullis. Mr. and Mrs. Mullis officially adopted the resident at the age of three. It was discovered when Travis entered school at the age of six that he had been sexually abused by his adoptive father from ages three through six. Mr. Mullis was incarcerated for 18 months, and subsequently moved to North Carolina. Travis states that he has minimal contact with his adoptive father, but is able to talk with his father about the molestation. Travis remained with his adoptive mother, Anne Marie Mullis, up until March 2000. Travis does not have any biological brothers or sisters. Information regarding his biological mother's family is unavailable. Travis does not know his biological father, who walked out on his biological mother before he was born.

Treatment Goals

Problem # 1: Disruptive and aggressive behavior, as well as impulsivity.

Goal: Demonstrate a marked improvement in impulse control as evidenced by a significant reduction in aggressive and disruptive behavior.

1. Resident will reduce the frequency and severity of temper outbursts, acting out, and aggressive behaviors in 3 out of 5 situations.
2. Resident will learn and demonstrate positive coping and self-control strategies to inhibit the impulse to act out 3 out of 5 times.
3. Resident will learn to monitor his aggressive behavior by decreasing the frequency of verbal arguments and physical aggression with peers by 70%.
4. Resident will increase the frequency of civil, respectful interactions between peers and adults by decreasing the usage of offensive language by 80-85%.

Target Date: 09/30/00

Staff Responsible: Therapist, Direct Care Staff, Edu. Staff

Problem # 2: Poor Frustration Tolerance

Goal: Reduce frustration and irritability and increase calm compliance and tolerance.

1. Resident will identify frustrating situations and learn positive coping techniques to reduce tension and irritability one time per individual therapy session.
2. Resident will demonstrate frustration tolerance through his ability to tolerate agitating situations 3 out of 5 times.
3. Resident will develop the ability to verbalize and discuss the connection between his feelings and behavior and apply effective learned coping techniques 3 out of 5 times.

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Name: Travis Mullis

Record No: 39541

Problem #2A: Poor anger management

Goal: Decrease overall intensity and frequency of angry feelings and increase ability to recognize and appropriately express angry feelings as they occur.

1. Resident will clarify feelings of hurt and anger tied to traumas in the past one x per session.
2. Resident will learn and identify techniques to handle angry feelings in a non-self-defeating manner one x per session.
3. Resident will process angry feelings or angry outbursts that have recently occurred and review alternative behaviors available one x per session.
4. Resident will decrease anger outbursts by using the learned alternative behaviors 3 out of 5 times

Target Date: 09/30/00

Staff Responsible: Therapist, Direct Care Staff, Edu. Staff

Problem #3: Lack of consistent initiative, motivation, and participation in academics and failure to complete assigned schoolwork and homework.

Goal: Increase participation in school activities as well as increasing the frequency of the completion of assigned tasks.

1. Resident will attend school on a consistent, full-time basis with 95% attendance.
2. Resident will verbally participate in class by reading out-loud, answering questions when called upon, and taking an active role in group discussions 3 out of 5 times.
3. Resident will follow the directions of the teacher and/or staff by completing assigned tasks with 90% consistency.

Target Date: 09/30/00

Staff Responsible: Therapist, Direct Care Staff, Edu. Staff

Problem #4: Persistent feelings of depression and low self-esteem.

Goal: Elevate self-esteem and develop ability to recognize, accept, and cope with feelings of depression and return to previous level of functioning.

1. Resident will be encouraged to share feelings of depression, anger, hurt, and disappointment in order to clarify those feelings and gain insight as to the causes one x per session.
2. Resident will replace negative and self-defeating self-talk with verbalization of realistic and positive cognitive messages and will develop and demonstrate positive "self-talk" as a means to boost confidence and positive self-image and will be reinforced for such statements (on going).
3. Resident will explore the emotional pain from the past that contributes to the feelings of hopelessness and low self-esteem one x per session.
4. Resident will identify feelings of depression and how they lead to poor decision making in past 1 x per session.

Target Date: 09/30/00

Staff Responsible: Therapist, Direct Care Staff, Edu. Staff

Problem # 5: Poor social skills and social interaction as well as manipulative behaviors.

Goal: Resident will work to resolve the core conflict that contributes to the emergence of manipulative behaviors geared at attention seeking

1. Resident will learn positive coping and self-control strategies (i.e., cognitive restructuring, positive self-talk, "stop, look, listen, and think") to inhibit the impulse to act or engage in negative attention-seeking behaviors in 2 out of 3 times.
2. Resident will make a list of his needs in the family that are not being met and process the list in individual sessions.
3. Resident will decrease the frequency of acting out in negative ways in order to receive obvious attention from adults and peers in 3 out of 4 situations.
4. Resident will learn and identify basic social skills and apply them to social situations with peers and adults 3 out of 5 times.

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Name: Travis Mullis

Record No: 39541

Target Date: 09/30/00

Staff Responsible: Therapist, Direct Care Staff, Edu. Staff

Modality and Frequency of Interventions: (Therapy, substance abuse education...)

Resident will receive individual therapy sessions, and daily groups in the educational setting and the residential milieu settings. Resident will receive psychiatric oversight from residing Psychiatric Staff as needed.

Collaboration with other Service Providers: (agency, health care providers)

Harford County Department of Juvenile Justice. His mother, Anne Marie Mullis, holds joint custody as well as medical custody.

Education: (name and states where resident will attend school)

Stone Bridge Academy, Hagerstown, MD

Visitation: (with whom, how often, purpose of the visits, restrictions):

See visitation and phone list in chart.

Telephone Contacts (with whom, how often, restriction):

See above.

Allowances (states how much allowance resident will receive from parent, agency worker, etc.):

Stone Bridge has a reward system whereby residents receive funds for moving up in their levels and by complying with program guidelines (e.g. rules, chores, etc.).

Name/Title

Sam H Cox

Date

updated 12-31-00

Name/Title

Date

Name/Title

Date

Name/Title

Date

000037

BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

PHYSICIAN'S PROGRESS NOTES

Patient's Name

Mullis, Travis

Hospital No.

DATE

12/12/00

Travis requested a consultation because of increased "flashbacks" and nightmares with images of previous sexual abuse. Patient has a history of bipolar disorder, PTSD, ADHD, combined type.

Pt now taking Depakote 700, Risperidone 200, B12. Last valproic acid level on 8/12 was 89.8.

During the examination, Travis talked openly about the sexual abuse by his adopted father and his own experience of abusing his cousin. He seems able to benefit from psychotherapy. No side effect to his current regimen.

A. - Bipolar Disorder

- PTSD with increased frequency of nightmares

- ADHD

Plan: Patient should engage in individual psychotherapy to address these issues. It is doubtful any medication change will provide relief of his flashbacks. Will reassess in 2-3 weeks.

Address the following on each note: Degree of suicidal/homicidal behaviors or thoughts; persistence of problems necessitating the admission; additional problems; reactions to the medications; need for further monitoring; adjustment of dosages; medication changes; plans for discharge.

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INDIVIDUAL THERAPY NOTES

Patient's Name

Mullis, Travis

Hospital No.

DATE

11/26/00

11:00 AM - Individual session with resident. Presents as cooperative w/ staff. He continues to struggle w/ our interaction: - this to control his peers and environment. Focus of discussion was on his family visitation during Thanksgiving and also his father. He seems to be dealing w/ his feelings of the past a little better. Resident continues to have problems w/ inappropriate language towards staff and peers. Can be cooperative w/ limits and boundaries. No recent physical outbursts. Plan: continue current course of tx.

Whitney D. [unclear] [unclear]
Kedrick, [unclear]

12-3-00

11:00 - Individual session with resident. Presents as uncooperative w/ staff. Spoke about trust and people caring about him. Reluctant to talk about ^{eng} during session. Has been a little uncooperative w/ limits and boundaries w/ staff. No recent verbal or physical outburst. Plan: continue current course of tx.

Whitney D. [unclear] [unclear]
Kedrick, [unclear]

Kedrick
000041

BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INDIVIDUAL THERAPY NOTES

Patient's Name	Hospital No.
<div style="display: flex; justify-content: space-between;"> <div>DATE</div> <div>11/11/00</div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Mullis, Travis</div> <div></div> </div>
<div style="display: flex; justify-content: space-between;"> <div>11/11/00</div> <div>5:00 pm - Individual session with resident. Presented himself in a very agitated manner. Resident spoke of having flash-backs of the past. Stated that he has no one to whom he can talk to or trust. Stated that he is in need of medication to stop the flash-backs. Gave the attention of staff and the acceptance of his peers. Remains cooperative w/ limits and boundaries and shows respect towards staff. No recent verbal or physical outburst. Plan: Continue w/ current course of treatment.</div> </div>	<div style="text-align: right;"> [Signature] K. Redick, LSW-C </div>
<div style="display: flex; justify-content: space-between;"> <div>11/18/00</div> <div>4:30 pm - Individual session w/ resident. Presented self ^{error} in a very good mood. Was excited about going home for Thanksgiving - also spoke a little bit about last week's session and his attitude. Was willing to open up a little. Remains cooperative w/ limits and boundaries. No recent verbal or physical outburst. Plan: Continue current course of treatment in a more casual manner.</div> </div>	<div style="text-align: right;"> [Signature] K. Redick, LSW-C </div>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INDIVIDUAL THERAPY NOTES

Patient's Name

Mullis, Travis

Hospital No.

DATE

10/28/00 4:30 - Individual session with resident. Presented as cooperative during session and very open w/ topics of conversation. Spoke about his behaviors this past week. Gets out the attention of staff - tries to win the acceptance of his peers. He is still having problems w/ inappropriate language. He did have a recent episode of physical and verbal aggression. Plan: Continue w/ current course of tx. *W Redick, lowe*

11/4/00 6:00 PM - Individual session with resident. Presented in an isolative but cooperative manner with staff. He spoke about his past of inappropriate sexual activities. Became agitated about past counseling sessions with others. Expressed that he does not like to open up for he fears that this staff person will abandon him like everyone else. Can be cooperative w/ limits and boundaries and shows respect for staff. No recent verbal or physical outburst. Plan: Continue w/ current course of tx. *W Redick, lowe*

000043
ESW

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

Case Management

Patient's Name

Travis Mullis

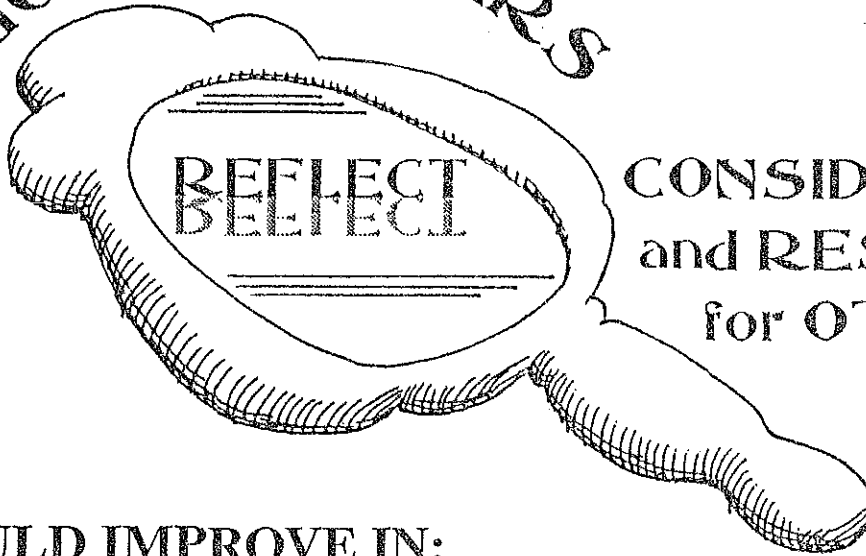
Hospital No.

DATE

7/31/00	13 year old SWM admitted to Stone Bridge through Harford County (MD). Immunizations will be sent on 8/6/00. Medication scripts will be faxed in the AM from Sheppard Pratt. Awaiting RTC placement. ————— S. Stout
08/11/00	Summary for week of August 5 th - 11 th : Resident is respectful of staff and cooperative. He is eager to please staff and be helpful to staff. ————— Cheryl Stutter
8/18/00	Summary for week of August 11 th - 17 th : Travis was cooperative with staff throughout the week and did not have any serious issues interacting with his peers. ————— John Dawson
8/25/00	Summary for week of August 18 th - 25 th : Overall Travis is consistently cooperative and on task as well as having positive interactions with his peers. ————— John Dawson
9/08/00	Summary for week of September 1 st - 8 th : Resident is not a management issue. Generally respectful, cooperative and interacts well with peers. ————— John Dawson
9/29/00	Summary for week of September 22 nd - 29 th : Resident is generally cooperative and respectful. Receptive to adult attention and positive reinforcement. Does well in school and relates well to peers. ————— John Dawson

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GOOD MANNERS



CONSIDERATION
and RESPECT
for OTHERS

I COULD IMPROVE IN:

- _____ 1. Making introductions
- _____ 2. Respecting individual differences
- _____ 3. Using tactful conversation
- _____ 4. Routinely thanking others
- _____ 5. Using table manners
- _____ 6. Entertaining others
- _____ 7. Being a considerate guest
- _____ 8. Making an apology
- _____ 9. Conversing and listening to others
- _____ 10. Using good manners at work
- _____ 11. Dressing appropriately
- _____ 12. Repaying past favors
- _____ 13. Showing respect for authority figures
- _____ 14. Using good manners with family members
- _____ 15. Meeting new people
- _____ 16. Writing social and/or business letters
- _____ 17. Planning special occasions
- _____ 18. Other _____

BROOK LANE PSYCHIATRIC CENTER
Hagerstown, Maryland

GROUP THERAPY NOTES

Patient's Name

TRAVIS MULLIS

Hospital No.

DATE

1/12/01

TRAVIS PARTICIPATED IN OUR GROUP ON IMPORTANCE OF VALUES.

1/16/01

Travis participated in a group on good manners. ————— Marianne Poppe —————

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BROOK LANE PSYCHIATRIC CENTER
Hagerstown, Maryland

GROUP THERAPY NOTES

Patient's Name	Hospital No.
DATE	
	000049

BROOK LANE PSYCHIATRIC CENTER
Hagerstown, Maryland

GROUP THERAPY NOTES

Patient's Name	Hospital No.
DATE	

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BROOK LANE PSYCHIATRIC CENTER
Hagerstown, Maryland

GROUP THERAPY NOTES

Patient's Name TRAVIS MULLIS

Hospital No.

DATE

11-02-00 TRAVIS DID WELL IN MENTIONING GOALS HE WOULD
LIKE TO ACCOMPLISH. HE DWELLS ON HIS LIFE AS A
TEENAGER THROUGH COLLEGE. *[Signature]*

12-19-00 Travis participated in a group activity concerning
cooperation and sharing. Travis did not exhibit
these behaviors during group. *[Signature]* Bluebaugh

12-20-00 Travis lead group this evening and did
well. *[Signature]* Shreener

12-22-00 Travis participated well in group *[Signature]*

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BROOK LANE PSYCHIATRIC CENTER
Hagerstown, Maryland

GROUP THERAPY NOTES

Patient's Name Travis Mullis

Hospital No.

DATE

8/22/00 Travis did well in group. He was respectful and polite to staff and peers. — C Daugherty — DCW —

9-05-00 Travis went offgrounds today for group activity. He behaved very well and followed instructions. He thanked staff for the outing and enjoyed himself. — C Daugherty — DCW —

9-07-00 Travis went offgrounds today to the park. He behaved well and enjoyed the outing. — C Daugherty — DCW —

9-12-00 Travis enjoyed group activity today of boy's recreation. He followed staff instructions and interacted well with peers. — C Daugherty — DCW —

9-14-00 Travis went offgrounds today with a school field trip to Harper's Ferry. He enjoyed himself and behaved well. — C Daugherty — DCW —

9-16-00 Travis did not participate in our group activity today, he was on a home pass with his mother. — C Daugherty — DCW —

9-22-00 Travis went bowling for group activity. He enjoyed the activity and was very polite and respectful. He had no peer conflicts. — C Daugherty — DCW —

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BROOK LANE PSYCHIATRIC CENTER
Hagerstown, Maryland

GROUP THERAPY NOTES

Patient's Name

Travis Mullis

Hospital No.

DATE

8/1/00 Travis was part of phys. ed. group today. He thoroughly enjoyed himself and tried very hard to complete the activity. He got along great with peers and was very respectful to staff. - C'Daugherty - DCW

8/1/00 TRAVIS DID HIS GROUP WORK AND SHARE ALONG WITH THE OTHERS
JEREMIAH SENTZ

8/2/00 Travis did very well in phys. ed. group today. He completed the activity and worked well with peers. He enjoys physical activity. - C'Daugherty - DCW

8/4/00 Travis did well in phys ed group. He is polite and participates well. He got along with peers well. - C'Daugherty - DCW

8/8/00 Travis did well in art group today. He focused on his project and was very cooperative with staff. He interacted well with peers. - C'Daugherty - DCW

8/4/00 Travis did great in group this evening. ~~8/10~~

8/15/00 Travis did very well in group today.

8/17/00 Travis enjoyed phys. ed. group today. He participated well and was in a positive mood. He interacted well with peers and was respectful to staff. - C'Daugherty - DCW

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name Travis Mullis.

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
1-14-01	10p	DW	Travis had a minor conflict with a peer this evening. Travis was able to resolve the conflict. Travis did lose points for peer interaction. ~~~~~ M Blubaugh
1-15-00	10:10p	DW	Travis had a good evening up until bedtime. He had trouble staying in his room.
1/16/01	10p	DW	Travis had A good evening up until bedtime. He would not follow directions, defiant, argumentative and cursing peers and staff. He lost points for his actions. ~~~~~ Marianne Pope
1/18/01	10p	DW	Travis had A really good evening. He was excited about leaving tomorrow. He earned all of his points. ~~~~~ Marianne Pope

BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

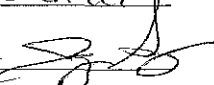
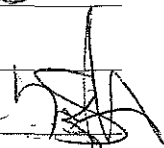
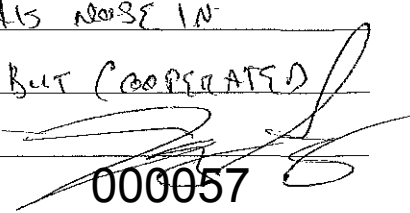
Patient's Name TRAVIS MULLIS

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
1/1/01	10:50 am		SUMMARY FOR WEEK OF 12/29/00 to 1/1/01;
			TRAVIS CONTINUES TO TRY TO MANIPULATE STAFF BY BEING ARGUMENTATIVE, BELLIGERENT, AND VERBALLY HOSTILE. HE ENGAGES STAFF CONSTANTLY WITH DELUSIONAL PERSPECTIVES WHEN HE PERCEIVES HIMSELF TO BE RIGHT. HE CONSTANTLY POSTURES INTELLECTUALLY WITH STAFF AND PEERS. HIS MOOD IS GRANDIOSER AND DOMINEERING. TRAVIS HAS SHOWN THAT HE MISUSES HIS ROLE WHEN GIVEN TEAM LEADERSHIP DUTIES. -
			12/30/01.
1/2/01	11:05	PCW	TRAVIS DID FOLLOW STAFF INSTRUCTIONS WELL. HE HAD A SMALL CONFLICT WITH A PEER THAT RESULTED IN AN HOUR EARLY BEDTIME. HE COMPLIED AND FINISHED THE EVENING WELL. 
1-3-01	10:00 p	PCW	TRAVIS did everything that he was asked to do. He got along with his peers and he went to bed with no problems. 
1-4-01	10:00	PCW	TRAVIS DID O.K. THIS EVENING. HE HAD HIS NOISE IN PLACES IT DIDN'T BELONG AT TIMES, BUT COOPERATED WITH FOR THE MOST PART. 

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name Travis Mullis

Hospital No. _____

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
count			about male masturbation. Staff redirected Travis about this topic. Staff explained this was inappropriate to talk about. Travis also lost points for his behavior. ———— <i>Blubaugh</i>
12-22-00	10:45 p	DCW	Travis had a good evening NO problems
12-23-00	9:20 p	DCW	Travis left for a home pass today. ———— <i>Blubaugh</i>
12/26/00	10:00 pm	DCW	Travis was annoying & rude to staff all evening. ———— <i>Ryan Woodbury</i>
12/27/00	10:25 p	DCW	TRAVIS had a good Evening. NO problems at all ———— <i>Blubaugh</i>
12/28/00	10:00 pm	DCW	Travis was sick & vomiting most of the evening. He went to bed early, about 6:30pm. — <i>R. Woodbury</i>
12/29/00	9:30 AM	DCW	TRAVIS was was aggravated today. He was short tempered but maintained O.K. today. ———— <i>Ryan Woodbury</i>
12/30/00	10:00		TRAVIS RETURNED FROM VISIT AT 6:00PM HE WAS FINE BUT SAID THERE WERE PROBLEMS. HE WAS MADE TEAM LEADER AMONG HIS PEERS. FOR THE EVENING HEARD SNACKS. LATER HE SAID THAT HIS MOTHER'S BOYFRIEND WAS GIVING HER PROBLEMS, AND SAID HE WAS AFRAID FOR HER. DESPERATE TO WORK ON

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Stone Bridge Transitional Care Home
 Brook Lane Health Services, Inc.
 Hagerstown, Maryland
INTERDISCIPLINARY PROGRESS NOTES

Resident's Name: Travis Mullis

Stone Bridge Transitional Care Home

CODES:

NAS - Nursing Activity Services

PC - Pastoral Counseling

DS - Direct Service

Date	Time	Code	Notes
12-14-00	10P	an	Travis was acting out most of the evening w/ the new residents. ————— J. Freeman
12-15-00	10p	DCW	Travis would not follow directions this evening. Especially at bed time he refused to stay in to ^{error} his room. ————— N. Blumhugh
12-16-00	10p	DCW	Travis went on a pass this evening. Travis said "He had a great time." Travis spent the remainder of the evening socializing with peers. ————— N. Blumhugh
12-17-00	10p	DCW	Travis spent the evening socializing with peers and playing games with peers. Travis was rude towards staff this evening, mocking staff and calling staff names. Staff talked with Travis about this and Travis apologized to staff. ————— N. Blumhugh
12-18-00	10P	DCW	Travis had a good evening. ————— J. Freeman
12-19-00	10p	DCW	Travis was rude and disrespectful towards staff this evening. While outside Travis was asked repeatedly to stop throwing snow at people. Travis would not comply. Staff explained that he would lose points for his behavior. ————— N. Blumhugh
12-20-00	10P	DCW	Travis had a good evening as well as leading group. ————— J. Freeman
12-21-00	10:30p	DCW	Travis was rude and disrespectful towards staff. Travis was talking inappropriately to staff.

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name Travis Mullis

Hospital No. _____

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
12-05-00	10:04	PCW	TRAVIS HAD A GOOD EVENING. <i>PA</i>
12-06-00	10:20	PCW	TRAVIS HAD A GOOD EVENING — <i>Steel</i>
12-07-00	10:03	PCW	TRAVIS HAD A GOOD EVENING ALL AROUND. — <i>Steel</i>
			TRAVIS HAD A GOOD EVENING — <i>Steel</i>
12-08-00	10p	PCW	Travis had a good evening — <i>Ima</i>
12-09-00	10p	PCW	Travis had a good evening. — <i>Bluebaugh</i>
12-10-00	10p	PCW	Travis spent the evening playing games with peers. Travis also went on an outing with peers to see Christmas lights. Travis had to be told by staff several times about inappropriate discussions involving drugs, alcohol. — <i>Bluebaugh</i>
12-11-00	10:20	PCW	Travis did good this evening - played Nintendo with peers - learning how to shave his fuzz off his face — <i>Bluebaugh</i>
12-17-00	10:08	PCW	TRAVIS PLAYED GAMES AND WAS QUIET AND RESPECTFUL EVENING. — <i>Bluebaugh</i>
12/13/00	10:00pm	PCW	Travis had a good evening. He kept to himself and played his game boy most of the evening. — <i>Ryan</i>
12/14/00	2:00pm	PCW	Travis received bloodwork this morning. He had blood drawn from his left arm. — <i>Bluebaugh</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name Travis Mullis

Hospital No. _____

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
11/26/00	10:45pm	DCW	Travis seemed to be agitated all afternoon. He became very defiant and moody. He was very quick to become aggressive towards other residents. His defiance seems to be growing. <i>Peggy W. W. W.</i>
11/27/00	10:00	PCW	TRAVIS SHOWED A BIT OF HIS "I DON'T CARE" ATTITUDE. HE DID WELL OVERALL IN MAINTAINING HIMSELF. <i>Sy</i>
11-28-00	10P	DCW	Travis seemed to be edgy but processed out by bedtime. <i>Jane</i>
11-29-00	10:05	DCW	no problems <i>Heck</i>
11/30/00	10:02	PCW	NO PROBLEMS <i>Heck</i>
12-01-00	10:10	PCW	no problems <i>Heck</i>
12-02-00	9:30p	DCW	Travis was gone most of the day on a pass. Travis said he had a good visit. Travis had a good evening the rest of the night. <i>Mikki Blubaugh</i>
12-3-00	10p	DCW	Travis had a pretty good evening. He became a little too aggressive with staff a few times and had to be redirected. <i>Whitney Silcott</i>
12-04-00	10:10	DCW	Travis got out of sorts this evening over his being being sent to bed early so he was taken to the P.R. for the evening. <i>Heck</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name

TRAVIS MULLIS

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
11/15/00	10:20 p	DCW	Travis had a great evening No problems at all. ———— <i>[Signature]</i>
11/16/00	10:02 p	DCW	Travis became better as the evening wore on. Slight defiance also. ———— <i>[Signature]</i>
11-17-00	10:07 p	DCW	TRAVIS DID WELL THIS EVENING. HIS ONLY PROBLEMS CAME WHEN HE WOULD INTERRUPT INTO STAFF CONVERSATIONS AND PUT HIS TWO REPORTS IN. ———— <i>[Signature]</i>
11/18/00	11:06 p	DCW	Travis had a good evening. Didn't have any problems with invading other's space. <i>[Signature]</i>
11/19/00	10:30 p	DCW	Travis had a pretty good evening. He was a little hyper at times (a little over all). Everything went well with him. <i>[Signature]</i>
11-20-00	10:15	DCW	Travis did real well this evening - got along well with peers & staff. ———— <i>[Signature]</i>
11-21-00	10:00	DCW	TRAVIS HAD AN EXCELLENT EVENING. HE GAVE STAFF ON PEERS NO PROBLEMS WHATSOEVER. <i>[Signature]</i>
11-22-00	09:00	DCW	Left on Pass ———— <i>[Signature]</i>
11-23-00	10:15	DCW	TRAVIS RETURNED AT 8:00 P.M. FROM HIS PASS. HE DID JUST FINE WITH EVERYTHING. ———— <i>[Signature]</i>
11-24-00	10:25 p	DCW	Travis did everything that he was asked to do. No problems out of him. ———— <i>[Signature]</i>
11-25-00	10:30 p	DCW	Travis had a good evening. Travis was respectful towards staff. ———— <i>[Signature]</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name

Travis Miller

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
11-06-00	10:40	PCW	Travis had a pretty good evening overall.
11/7/00	10:30	PCW	Travis was noseey tonight. He had a few minor problems, but was redirected and pulled it together. <i>Ryan W.</i>
11/8/00	10:10	PCW	TRAVIS had a good evening. He did everything that he was asked to do. <i>RJ</i>
11-09-00	10:10	PCW	TRAVIS DID EVERYTHING HE WAS ASKED BY STAFF. HE ALSO HAD A GOOD EVENING WITH EVERYTHING HE WAS TO DO. <i>[Signature]</i>
11-10-00	10:11	PCW	TRAVIS HAD AN O.K. EVENING. HE WAS REFIANT AT ONE POINT, BUT DID ALRIGHT. HE WAS COMPLAINING OF STOMACH PROBLEMS AT BEDTIME. <i>[Signature]</i>
11/11/00	11:10	PCW	Travis did well this evening, he was cooperative with staff and got along well with his peers. <i>[Signature]</i>
11/12/00	8:30	PCW	Travis is doing well, he does have a short temper at his peers & staff at times BUT does cool off quick. (Good Control.) <i>[Signature]</i>
11/13/00	10:40	PCW	TRAVIS did O.K. this evening. He got along w/ his peers and did what staff asked him to do. <i>[Signature]</i>
11-14-00	10:17	PCW	TRAVIS WAS. O.K. HE DID SEEM TO BE IN STAFF BUSINESS ALOT, THOUGH. <i>[Signature]</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name TRAVIS M

Hospital No. _____

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
10-26-00	10:25	PCW	TRAVIS DID O.K. THIS EVENING. HE HAD SOME CONFLICTS AT BEDTIME WITH HIS ROOMMATE THAT RESULTED IN SOME TIME OUT HE TOOK. HE THEN WENT TO BED. <i>[Signature]</i>
10-27-00	10:10pm	PCW	TRAVIS HAD A GOOD EVENING. HE LISTENED TO STAFF'S INSTRUCTIONS. <i>[Signature]</i>
10-28-00	11:00p	DCW	Resident was extremely cooperative throughout the evening. Also did well interacting with peers. <i>[Signature]</i>
10/29/00	10:14pm	DCW	Travis was compliant with staff all evening. He had a problem with following staff around. <i>[Signature]</i>
10/30/00	10:10	DCW	Travis had a good evening got along with peers & staff. <i>[Signature]</i>
10-31-00	10:04	PCW	TRAVIS DID WELL THIS EVENING. HE GOT A LITTLE FRUSTRATED AT BEDTIME, BUT MANAGED WELL. <i>[Signature]</i>
11-01-00	10:05	DCW	Travis had a good night - got a little moody at times but overall did good. <i>[Signature]</i>
11-02-00	10:08	PCW	TRAVIS HAD A GOOD EVENING. HE LET A FEW STAFF INSTRUCTIONS TO GO IN ONE EAR AND OUT THE OTHER ONE. <i>[Signature]</i>
11-03-00	10:20p	PCW	Travis was good this evening. He stayed to himself for the majority of the weekend. <i>[Signature]</i>
11-05-00	10:15	DCW	Travis did real good this evening - got a little wild at bedtime. <i>[Signature]</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name

TRAVIS M

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
10-12-00	10:02	PCW	TRAVIS DID FINE THIS EVENING. HE DID GET FRUSTRATED AND UPSET EARLIER IN THE EVENING. ^{STAFF} TRIED TO GET WHAT ^{WAS} BOTHERING HIM OUT, BUT HE SAID HE DIDN'T WANT TO TALK ABOUT IT. <i>[Signature]</i>
10-13-00	10:09	PCW	TRAVIS WAS FINE THIS EVENING. HE DID EVERYTHING STAFF ASKED. <i>[Signature]</i>
10-14-00	10:04	PCW	TRAVIS HAD PROBLEMS WITH HIS TEMPER EARLY DUE TO PEERS AGITATING HIM. HE PULLED IT TOGETHER AND DID GREAT. THERE MIGHT BE SOMETHING BOTHERING HIM THAT HE IS NOT TALKING ABOUT. <i>[Signature]</i>
10-15-00	10:13	PCW	TRAVIS WAS ON A PASS MOST OF THE DAY. HE WAS GOOD THE REST OF THE EVENING. <i>[Signature]</i> TRAVIS HAD A GREAT EVENING. NO PROBLEMS AT ALL. <i>[Signature]</i>
10-17-00	10:04	PCW	TRAVIS DID GOOD UNTIL BEDTIME, HE IS BEING DISTURBED BY PEERS. <i>[Signature]</i>
10-18-00	10:15	PCW	TRAVIS HAD A PRETTY GOOD EVENING. HE GOT ALONG WITH HIS PEERS AND ALSO STAFF. <i>[Signature]</i>
10-20-00	10:14	PCW	TRAVIS HAD A GOOD EVENING. HE WAS ALWAYS DO UPON STAFF'S BUSINESS. <i>[Signature]</i>
10/22/00	10:45	PCW	TRAVIS HAD A GOOD AFTERNOON/Evening. <i>[Signature]</i> TRAVIS HAD AN EARLY BEDTIME FOR HIS OBEDIENCE REWARD STUFF. <i>[Signature]</i>
10-24-00	10:09	PCW	TRAVIS DID O.K. TONIGHT. HE LISTENED WELL TO STAFF. <i>[Signature]</i>
10-25-00	10:00	PCW	TRAVIS HAD NO PROBLEMS. <i>[Signature]</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name

TRAVIS M.

Hospital No.

CODES:

ED-Education

NAS-Nursing Activities Services

NTS-Nursing Therapy Services

PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
10-1-00	10:10	Pcw	TRAVIS WAS FINE THIS EVENING.
10-02-00	10:10	Pcw	Travis had a good evening was cooperative with peers & staff.
10-3-00	10:10	Pcw	TRAVIS DID WELL THIS EVENING. NO PROBLEMS.
10-4-00	10:10	Pcw	Travis had a good evening. He did everything that he was asked to do.
10-5-00	10:10	Pcw	TRAVIS HAD A GOOD EVENING.
10-6-00	10:10	Pcw	TRAVIS HAD A REALLY GOOD EVENING.
10-7-00	10:00p	Pcw	Travis did well all evening. Agony with
10-8-00	10:00p	Pcw	Travis had a good evening, no problems at all.
10-8-00	10:10p	Pcw	Travis had a good evening. He did a little bit of nagging, but overall he was great.
10-10-00	10:06	Pcw	TRAVIS DID WELL THIS EVENING. HE LISTENED TO STAFF'S INSTRUCTIONS.
10-10-00	LATE	NOTE	* TRAVIS ADMITTED TO GIVING ORAL SEX TO A PEER IN A TRUTH OR DARE GAME. HE ALSO ADMITTED TO RECEIVING ORAL SEX FROM ANOTHER PEER IN THE BATHROOM. THIS INCIDENT WAS BROUGHT TO STAFF'S ATTENTION ON 9-30-00. IT DID NOT OCCUR ON THIS DAY, HOWEVER.
10-11-00	9:10	Pcw	Travis had a great evening no problems.

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name Travis Mullis

Hospital No. _____

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
9/17/00	9:50p	DCW	Travis had a really good day. — Maianne Pope
9-18-00	10:00	DCW	Travis had a good evening — Fred Long
9/19/00	10:07	PCW	Travis was very good today — Ryan Woodring
9-20-00	10:20	PCW	Travis had a good evening. — [Signature]
9-21-00	9:46	DCW	Travis had a good evening — Amy Mayer
9-22-00	10:15	PCW	Travis had a good evening. Went to bed early. — [Signature]
9-23-00	10:12	PCW	Travis was on a pass today. He came back and had a great evening. — [Signature]
9/24/00	10:05	DCW	Travis had a great evening, no problems — Ryan Gaddy
9/25/00	10:01	PCW	Travis helped with a problem with other peers. But had a problem at bed time — Ryan Woodring
9/26/00	10:10	DCW	Travis got along well with his peers this evening was respectful of staff and had a real good evening. — Fred Long
9-27-00	10:15	DCW	Travis had a great evening until bedtime. He was a little defiant. — [Signature]
9-28-00	10:10	PCW	Travis was good this evening. He was a little nosy. — [Signature]
9-29-00	9:00a	JCW	See Case Management Section for weekly summary. — John Dawson
9/29/00	10:00	PCW	Travis was great tonight, he provided everybody with a evening snack. — Ryan Woodring
9-30-00	10:25	PCW	Travis was pretty good. He was on a pass for a while this evening. — [Signature]

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name TRAVIS MULLIS

Hospital No. _____

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
9-5-00	10:35	PCW	TRAVIS WAS FINE THIS EVENING. HE ASKED A LOT OF QUESTIONS TO STAFF. — <i>[Signature]</i>
9-6-00	10:30	PCW	Travis had a good day today, no problems <i>[Signature]</i>
9-7-00	10:51	PCW	TRAVIS DID WELL THIS EVENING. — <i>[Signature]</i>
9-8-00	9:00	PCW	See Case Management Section for weekly summary. — <i>[Signature]</i>
9-8-00	10:35	PCW	TRAVIS WAS FINE, VERY PERSISTENT TOWARDS WHAT STAFF WAS DOING. — <i>[Signature]</i>
9-9-00	10:00	PCW	Travis was on a pass until 3:30 — had a good evening — got along with peers & staff. — <i>[Signature]</i>
9-10-00	10:15	PCW	TRAVIS HAD A GOOD EVENING. HE GAVE ^{EARLY} STAFF PROBLEM. — <i>[Signature]</i>
9-11-00	10:08	PCW	Travis did well. HE HAD A FIT AND SAID TO STAFF IT WAS BECAUSE HE IS BIPOLAR THAT HE WAS upset. HE GOT HIMSELF TOGETHER AND DID GREAT. — <i>[Signature]</i>
9-12-00	10:10 P	PCW	Travis had a good evening. He did everything that he was asked to do — <i>[Signature]</i>
9-13-00	10:15	PCW	TRAVIS DID FINE THIS EVENING. DID WELL WITH STAFF AND PEERS. — <i>[Signature]</i>
9-14-00	10pm	PCW	TRAVIS WAS VERY WELL BEHAVED & RESPECTFUL TODAY. — <i>[Signature]</i>
9-15-00	10:15	PCW	TRAVIS DID WELL THIS EVENING. — <i>[Signature]</i>
9-16-00	10:35	PCW	Travis had a great evening — <i>[Signature]</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name

Travis Mullis

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
8/26/00	10:04	DCW	Travis was good in the morning and when he came back from his visit he was great. Ryan Woodbury
8-27-00	10:10	DCW	TRAVIS DID WELL TODAY. HE ASKED ALOT OF QUESTIONS TO STAFF AND WAS SOMEWHAT NOSEY TO WHAT WAS GOING ON. Jg
8-28-00	10:00	DCW	Travis did good this evening, shared with his peers, very respectful of staff, had a minor altercation with another peer which he was penalized for at dinner. — Jock Long
8-29-00	10:00	DCW	Travis had a pretty good evening. He did everything that he was asked to do. — Jg
8-30-00	10:20	DCW	Travis was on a pass until 7:30 PM, came back was very respectful of staff and his peers. — Jock Long
8-31-00	10:00	DCW	TRAVIS DID FINE TONIGHT. HE LISTENED WELL, BUT IS ALWAYS TRYING TO GET IN STAFFS BUISNESS. — Jg
9/1/00	10:04	DCW	Travis was very controlled today. He had a little problem with having to stay calm while other kids were playing. — Ryan Woodbury
9/4/00	10:16	DCW	Travis was great tonight — Ryan Woodbury

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name

Travis Mullis

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
8/16/00	10:00	DCW	Travis was very talkative and energetic. He was respectful of peers & staff. — <i>[Signature]</i>
8-17-00	10:20	DCW	Travis had a good evening for the most part but at times acts like he's part of the staff. — <i>[Signature]</i>
8-18-00	10:00	DCW	See Case Management Section for weekly summary — <i>[Signature]</i>
8-19-00	10:20	DCW	Travis came back off Pass Around 4:00 P.M. Settled in had a real good evening and was very respectful of Peers & Staff. — <i>[Signature]</i>
8/20	10:30	DCW	good day + EVE. — <i>[Signature]</i>
8/21/00	10:15	DCW	TRAVIS DID WELL THIS EVENING. VERY COOPERATIVE. — <i>[Signature]</i>
8/22/00	10:20	DCW	TRAVIS had to do some C.T. this evening for a minor, after his time was done, he was fine. — <i>[Signature]</i>
8/23/00	10:10p	DCW	Travis had a good evening. He got along well with his peers and was cooperative with staff. — <i>[Signature]</i>
8-24-00	10:05p	DCW	Travis was a little defiant this evening. Overall, he was pretty good. — <i>[Signature]</i>
8-25-00	8:00a	DCW	See Case Management Section for weekly summary — <i>[Signature]</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name Travis Mullis

Hospital No. _____

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
8-6-00	9:30P	PCW	Travis had a really good evening, he was very respectful. <i>Shelley Struffer</i>
8-7-00	9:45	PCW	TRAVIS DISPLAYED GOOD COOPERATION SKILLS AND HELPED OUT STAFF. HE SHOWS GOOD POTENTIAL. <i>JZ</i>
8-8-00	10:20P	PCW	Travis had a good evening. He did every-thing that he was asked to do. <i>JA</i>
8-9-00	10:00P	PCW	Travis had a good evening. He got along with his peers and he also listened to staff. <i>JA</i>
8-10-00	10:00P	PCW	Travis had another good evening. He had no problems at all. <i>JA</i>
08/11/00			See Case Management Section for weekly summary. <i>Shelley Struffer</i>
8-12-00	10:30	PCW	TRAVIS WAS GREAT ONCE AGAIN, HELPED STAFF OUT AND DID VERY WELL. HE ALSO GOT A VISIT FROM HIS mom. <i>JZ</i>
8-13-00	9:15	PCW	TRAVIS HAD ANOTHER GREAT EVENING. HE FOLLOWS STAFF AROUND ALOT AND ASKS ALOT OF QUESTIONS, BUT HE SEEMS TO BE A GOOD KID. <i>JA</i>
8-14-00	10:10P	PCW	Travis had another great evening. He got along with his peers and he listened to staff instructions. <i>JA</i>
8-14-00	10:15	PCW	Travis did good this evening. He was a little hyper but he showed respect to staff and peers. <i>JA</i>

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BROOK LANE HEALTH SERVICES, INC.
Hagerstown, Maryland

INTERDISCIPLINARY PROGRESS NOTES

Patient's Name

Travis Mullis

Hospital No.

CODES: ED-Education
NAS-Nursing Activities Services

NTS-Nursing Therapy Services
PC-Pastoral Counseling

VC-Vocational Counseling

DATE	TIME	CODE	
7/31/00	10:00	DCW	TRAVIS ARRIVED AFTER GROUP. HE GREETED STAFF AND PEERS. MADE ADJUSTMENT AND SEEMED TO FIT RIGHT IN WITH ANDY AND JASON. HE LISTENED WELL TO INSTRUCTIONS FROM STAFF — JEREMIAH SENTZ —
8/1/00	10:15	DCW	TRAVIS HAD A GREAT EVENING. INTERACTED WITH PEERS AND STAFF. SHOWS POSITIVE ATTITUDE — JEREMIAH SENTZ —
8-2-00	7:AM	DCW	Travis had blood taken for lab out of left arm. ————— Jina Freeman
8-2-00	9p	DCW	Travis had a really good evening. He is very respectful towards both peers and staff. He interacted well with peers during a video game. He spoke with his mother on the phone ————— ————— David —————
8-3-00	10P	DCW	Travis had a good evening, he was respectful and interacted well with peers, ————— Jina Freeman
8-4-00	11PM	DCW	Travis had a good evening, he was very compliant when we had to move his room. ————— Jina Freeman
8-5-00	10/10P	DCW	Travis did everything that he was asked to do. NO Problems from him at all ————— 000073